

Name  
in  
Full

*Byomir ash*

CERTIFICATE OF DEATH

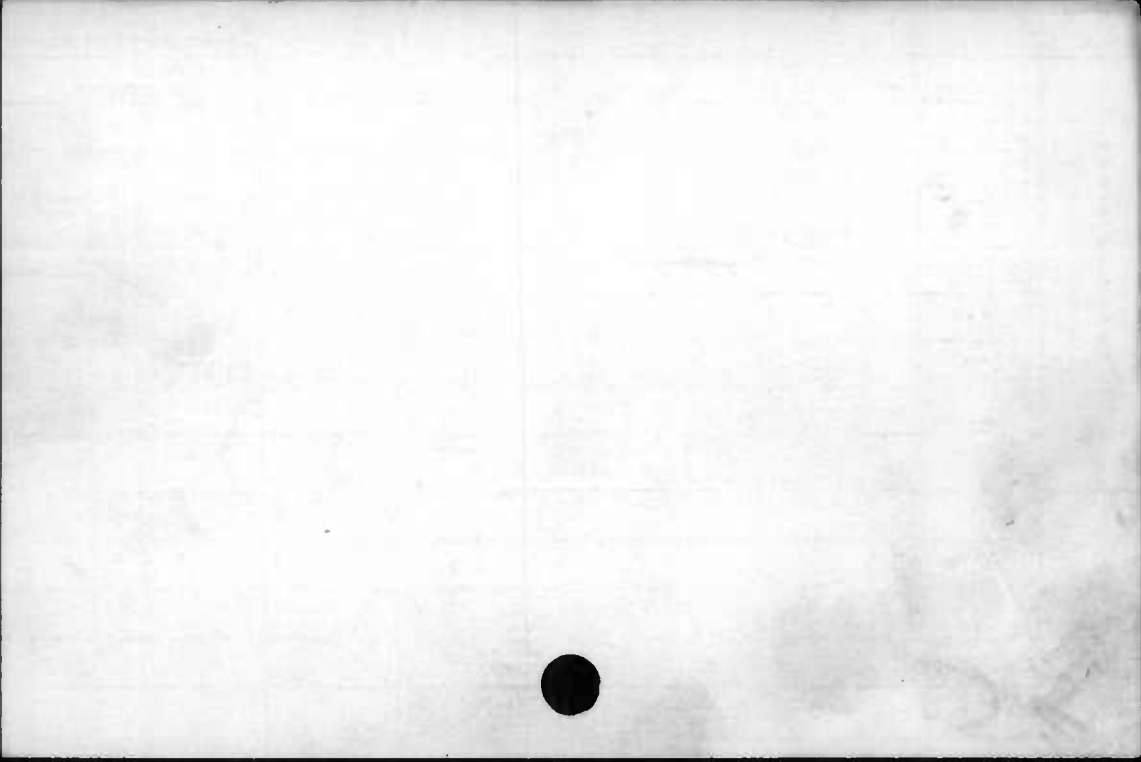
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>McHenry</i> Town		<i>Garrett</i> County		MARYLAND	
Date of death	1906	Month	Nov	Day	25
Age		79		Years	2
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>Germany</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Mary ash</i>	
Father's Name	<i>don't know</i>		Father's Birthplace	<i>don't know</i>	
Mother's Maiden Name	<i>Doris Knave</i>		Mother's Birthplace	<i>don't know</i>	
Name of person giving information	<i>James Knave</i>		How related to deceased	<i>Son-in-law</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senility</i>	How long	<i>no years</i>
Immediate	<i>Phrolysis</i>	How long	<i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. R. Boyer MD</i>
Address	<i>Accident</i>		<i>md-</i>
Accident or Suicide?			



Name  
in  
Full

*Gene Lucille Ashby* (P.O. on W.Va. live in Md.)  
 Town *Breedon* County *Barrett*  
 CERTIFICATE OF DEATH  
*Md. W. Va*  
 MARYLAND

Died at

Date

of death

Month

Day

Age

Years

Months

Days

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

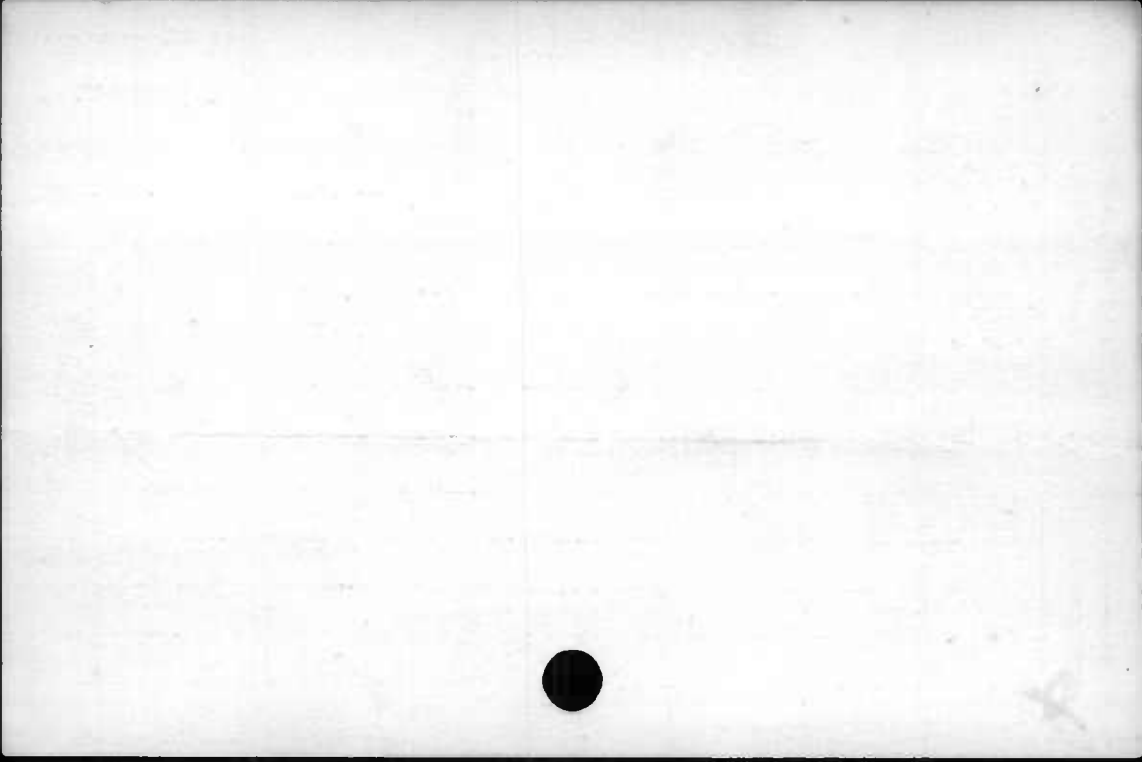
Address

How long

How long

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

*Gasper Tuke*

Town

County

Died at

*Friendsville*

*Garrett*

MARYLAND

Date

Month

Day

Years

Months

Days

of death

*1906 Nov*

*17*

Age

Sex

*male*

Color or  
Race

*White*

Birth-  
place

*Md*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Walter Tuke*

Father's  
Birthplace

*Md*

Mother's  
Maiden Name

*Justus Moyers*

Mother's  
Birthplace

*Md*

Name of person giving  
information

*Walter Tuke*

How related  
to deceased

*Father*

CAUSES OF DEATH

Primary

How long

Immediate

*Sib Born*

How long

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

*S. Savage Undertaker*

Address

*Friendsville Md*

Accident or Suicide?

*No Physician attendance*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

White grave yard

Name  
in  
Full

Katie Grantz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Friendsville Garrett County

Date of death 1906 Nov 21 Age 14 Months 11 Days 20

Sex Female Color or Race White Birth-place Maryland

Occupation House work Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name J. H. Grantz Father's Birthplace Ind

Mother's Maiden Name Hester A Hoff Mother's Birthplace Ind

Name of person giving information How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tonicclitis How long 2 wks

Immediate dysentery How long 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. H. Mason

Address Friendsville

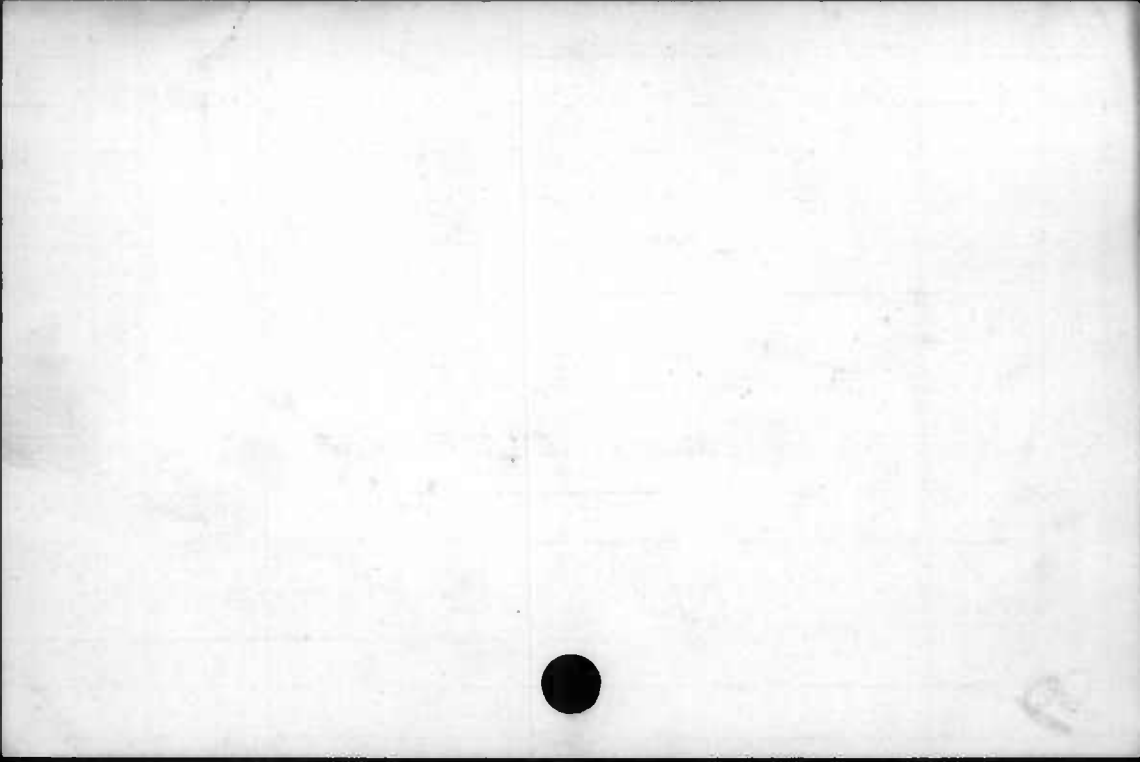
Ind

Accident or Suicide?

Land spring



Name in Full		Blandie Irvin Gies				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Accident		County Garrett		MARYLAND
	Date of death		1906	Month Nov	Day 26	Age Years	Months 4
	Sex		Male		Color or Race		White
	Occupation				Birth-place		Accident
					Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		John Gies		Father's Birthplace		Accident
	Mother's Maiden Name		Christina Gies		Mother's Birthplace		Accident
	Name of person giving information		John Gies		How related to deceased		father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		(93) Pneumonia		How long		6 days
	Immediate		Pneumonia		How long		6 days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		A. R. Boyer M.D.
					Address		Accident Md.
Accident or Suicide?							



Name  
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Full

## CERTIFICATE OF DEATH

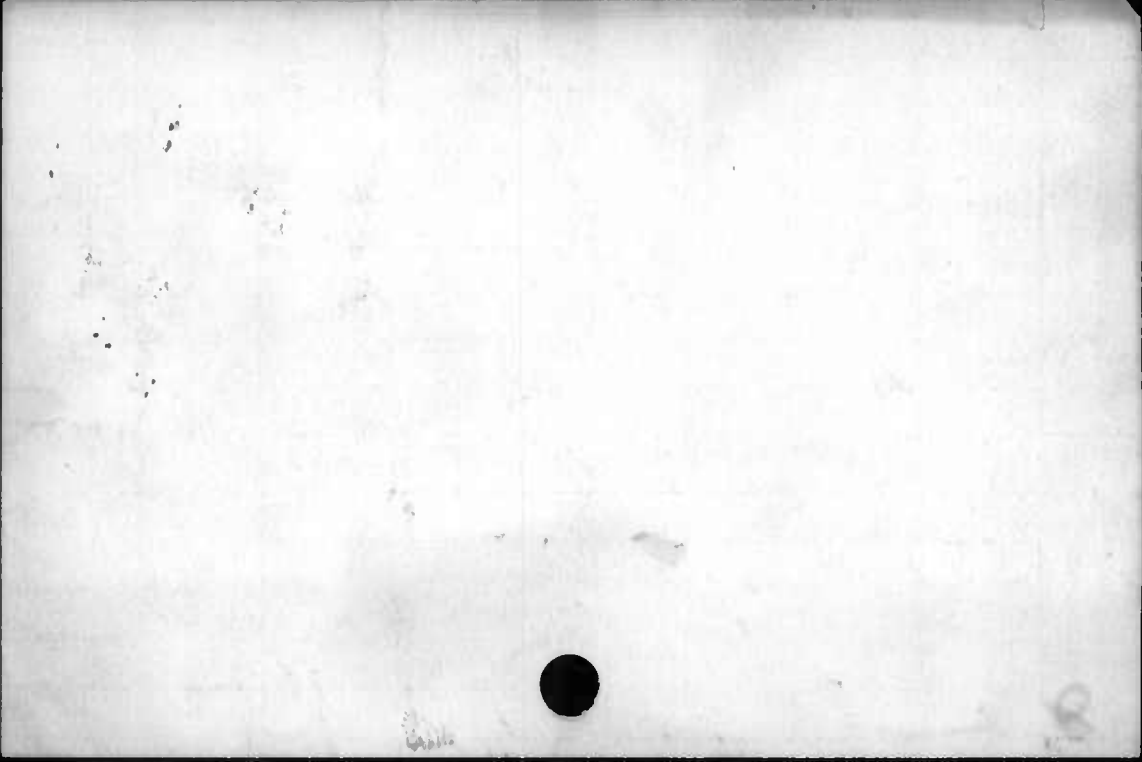
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Margareta Hanft.</i>		Town <i>Keyser.</i>		County <i>Garrett.</i>		MARYLAND	
Died at		Date of death <i>1906 Nov 15</i>		Age <i>78</i>		Months <i>7</i> Days <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John, Conrad Hanft.</i>					
Father's Name <i>Adam, Hetz.</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Margareta, Recht.</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>C. C. Hanft.</i>		How related to deceased <i>Son.</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 years</i>
Immediate <i>Pneumonia of heart</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. L. B. ...</i>
	Address <i>...</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Mrs. Bridget Maroney

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Oakland* TownCounty *Gorrie*Date  
of death *1906*Month  
*Nov*Day  
*2*Age  
Years *64*Months  
*5*

Days

Sex  
*Female*Color or  
Race *white*Birth-  
place *Ireland*Occupation  
*Housewife*Where Residing if not  
at place of death☒ Married, Single  
☐ WidowedName of Wife or  
Husband*Michael Maroney*Father's  
Name*James Keefe*Father's  
Birthplace*Ireland*Mother's  
Maiden Name*Rose Rice*Mother's  
Birthplace*Ireland*Name of person giving  
In formation*Julio Moroney*How related  
to deceased*Daughter*

## CAUSES OF DEATH

Primary

*Cerebral Haemorrhage*

How long

*4 days*

Immediate

*Paralysis*

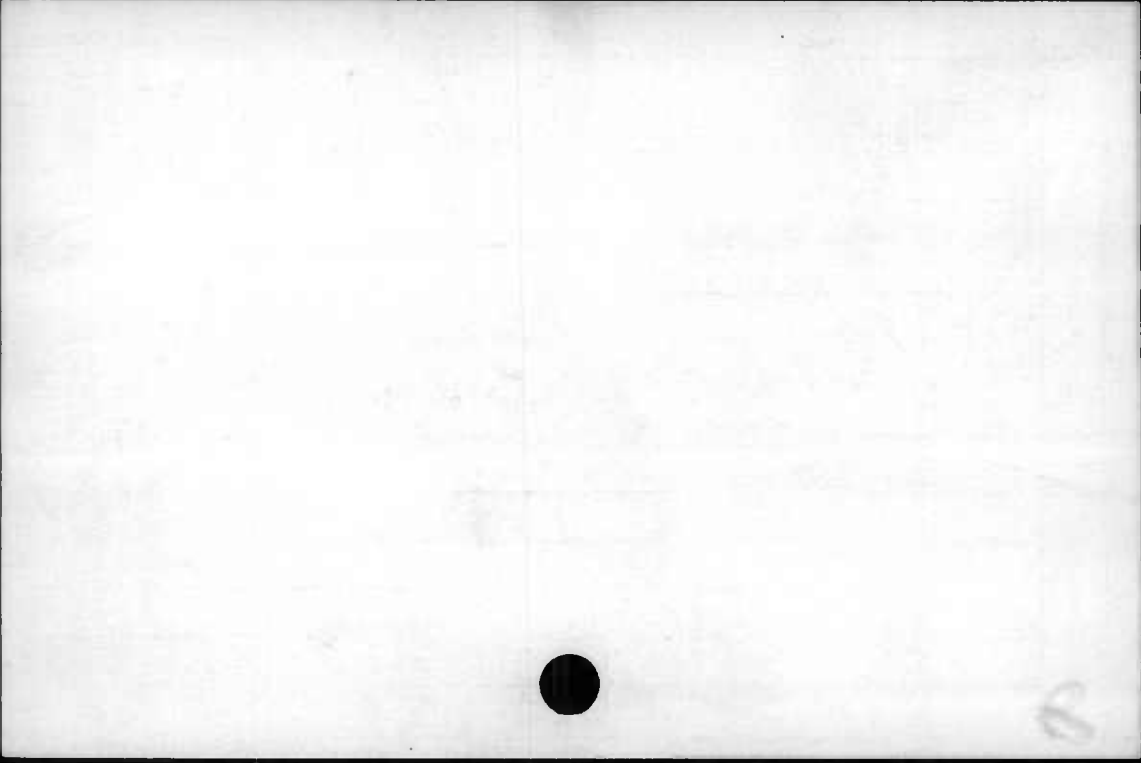
How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*M. Colinebaugh*

Address

*Oakland Md*

Accident or Suicide?



Name  
in  
Full

Enigma

Martin

## CERTIFICATE OF DEATH

MARYLAND

Died at *Oakland* TownCounty *Garrett*Date of death *1906* Month *Nov*Day *26*Age *44* YearsMonths *8*Days *4*Sex *Female*Color or Race *White*Birth-place *Garrett County*

Occupation

*House wife*Where Residing If not  
at place of deathMarried, Single  
or Widowed *married*Name of Wife or  
Husband*L Martin*Father's  
Name*John Aronholt*Father's  
Birthplace *Garrett County*Mother's  
Maiden Name*Isabella Lee*Mother's  
Birthplace *Garrett County W. Va.*Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

*Malignant growth of womb*

How long

*About three years*

Immediate

*General debility*

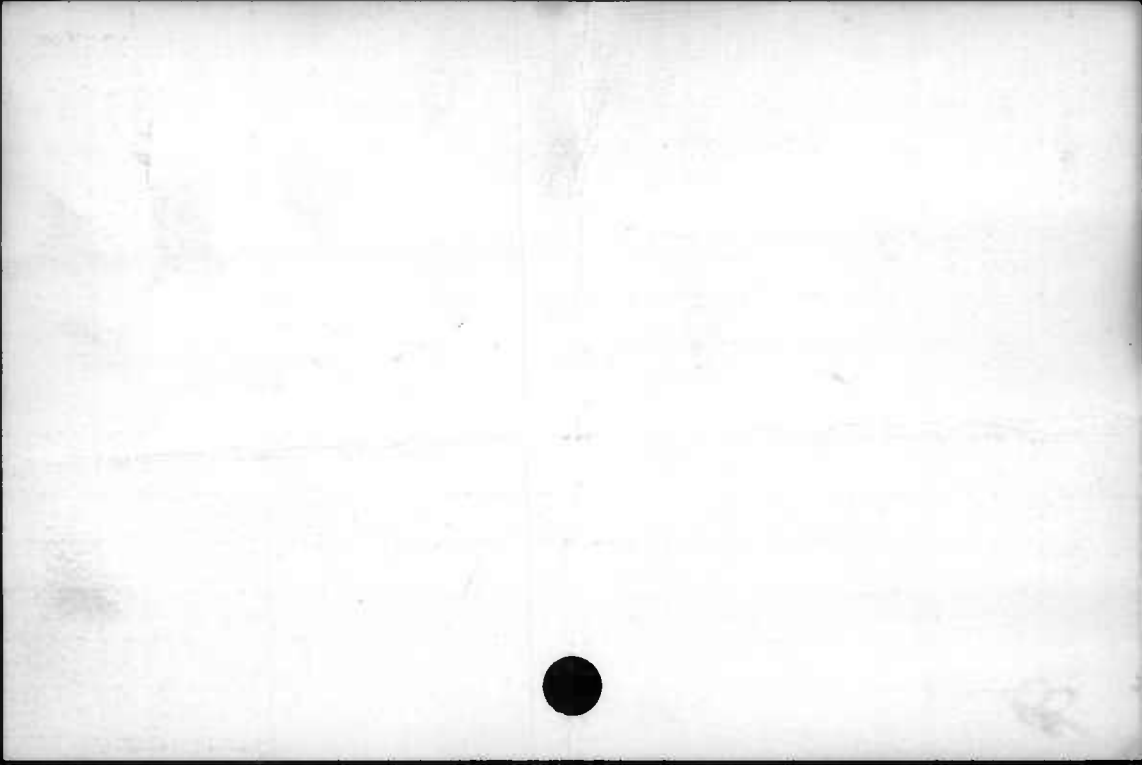
How long

*Three months*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*Hubert Selby**Eglon W. Va.*

Accident or Suicide?





Name  
In  
Full

Sister

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

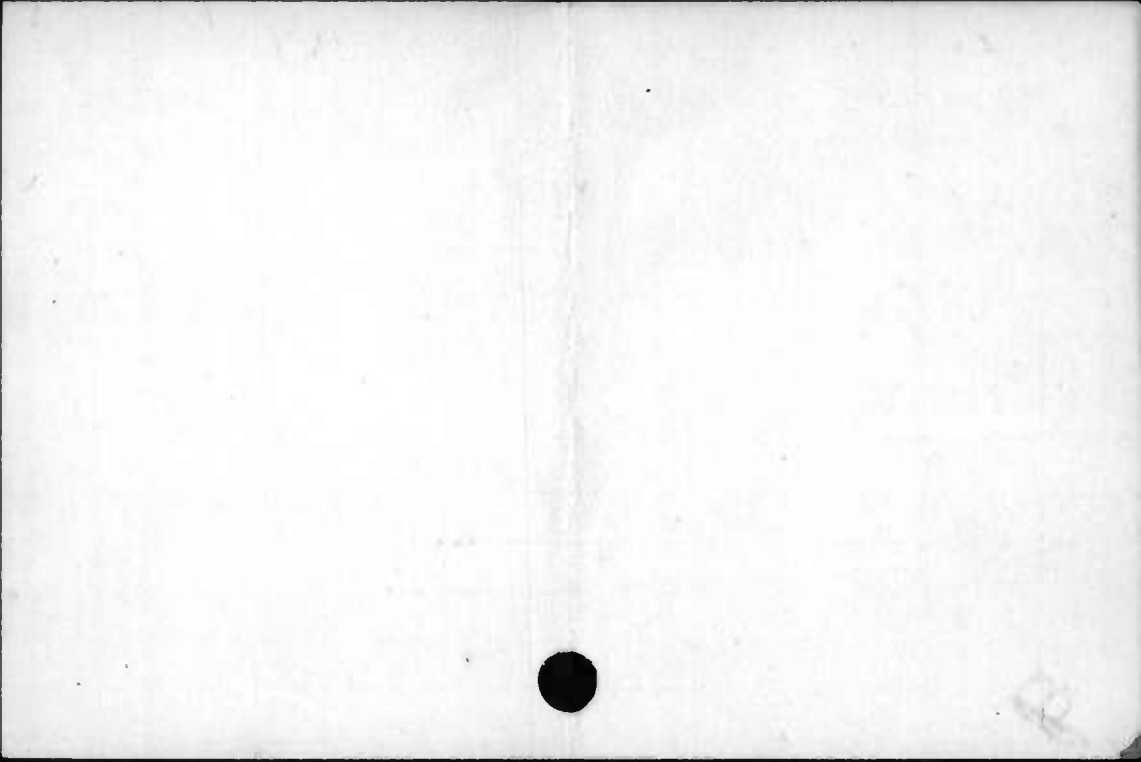
MARYLAND

Died at	<i>no 8</i>	Town	<i>Garrett</i>	County						
Date of death	<i>1906</i>	Month	<i>Nov</i>	Day	<i>12</i>	Age	<i>Years</i>	Months	<i>7</i>	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Garrett Co Md</i>					
Occupation				Where Residing if not at place of death <i>1</i>						
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband						
Father's Name	<i>John Sister</i>				Father's Birthplace	<i>Pa.</i>				
Mother's Maiden Name	<i>Clara Sicker</i>				Mother's Birthplace	<i>Md</i>				
Name of person giving information	<i>A. A. Schen</i>				How related to deceased	<i>Wife</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature Birth</i>	How long	<i>151</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Arnold A. Schen</i>
		Address	<i>Eglar</i>
			<i>W. 4</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

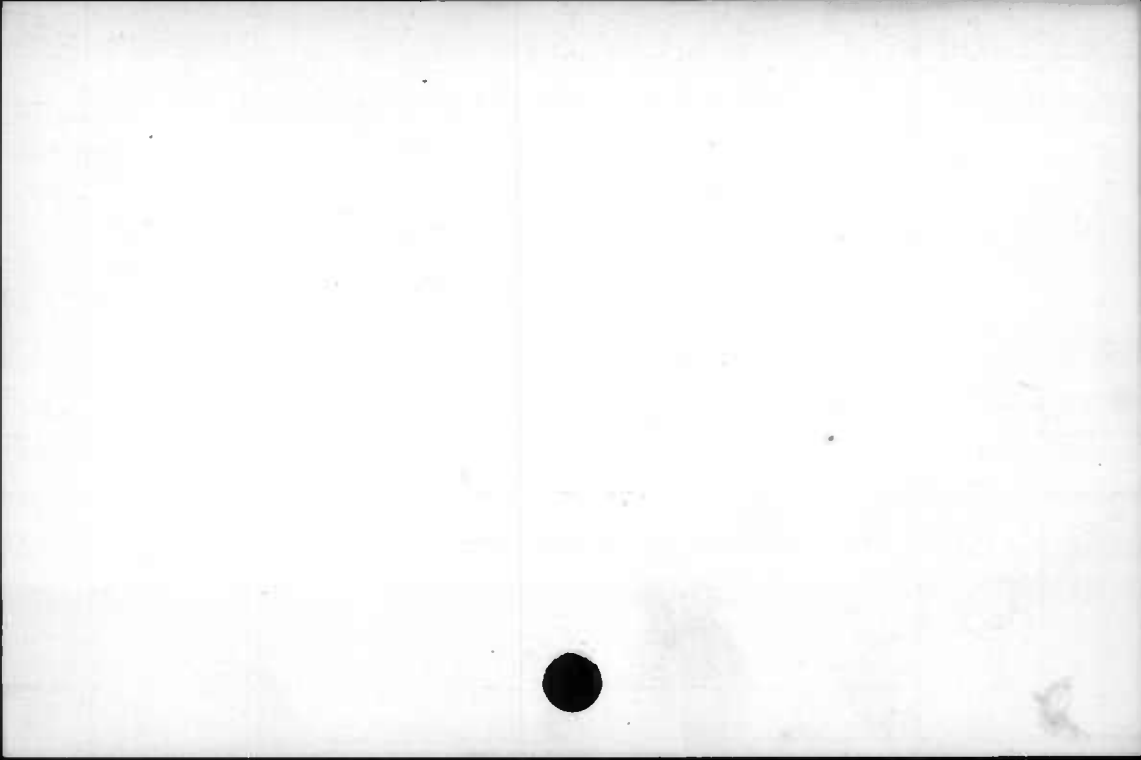
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Rebecca Annie Smith</i>		Town <i>Dyers</i>		County <i>Garrett</i>	
Died at <i>Dyers</i>					
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>14</i>	Age <i>34</i>	Years	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>H W.</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wm E Smith</i>				
Father's Name <i>Henry Sines</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Susan Sines</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Mr Sines</i>		How related to deceased <i>Cousin</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Exhausting</i>	How long <i>Short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>[Signature]</i>
Accident or Suicide? <i>[Signature]</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

Baby Sanders

Town

County

MARYLAND

Died at

Lerdsen

Date

of death

1906

Month

Nov

Day

14

Age

Years

Months

Days

Sex

Male

Color or  
Race

W

Birth-  
place

Ind

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

S

Name of Wife or  
Husband

—

Father's  
Name

—

Father's  
BirthplaceMother's  
Maiden Name

May Sanders

Mother's  
Birthplace

Pa

Name of person giving  
Information

L Sanders

How related  
to deceased

Grandfather

## CAUSES OF DEATH

Primary

Does know

How long

Immediate

How long

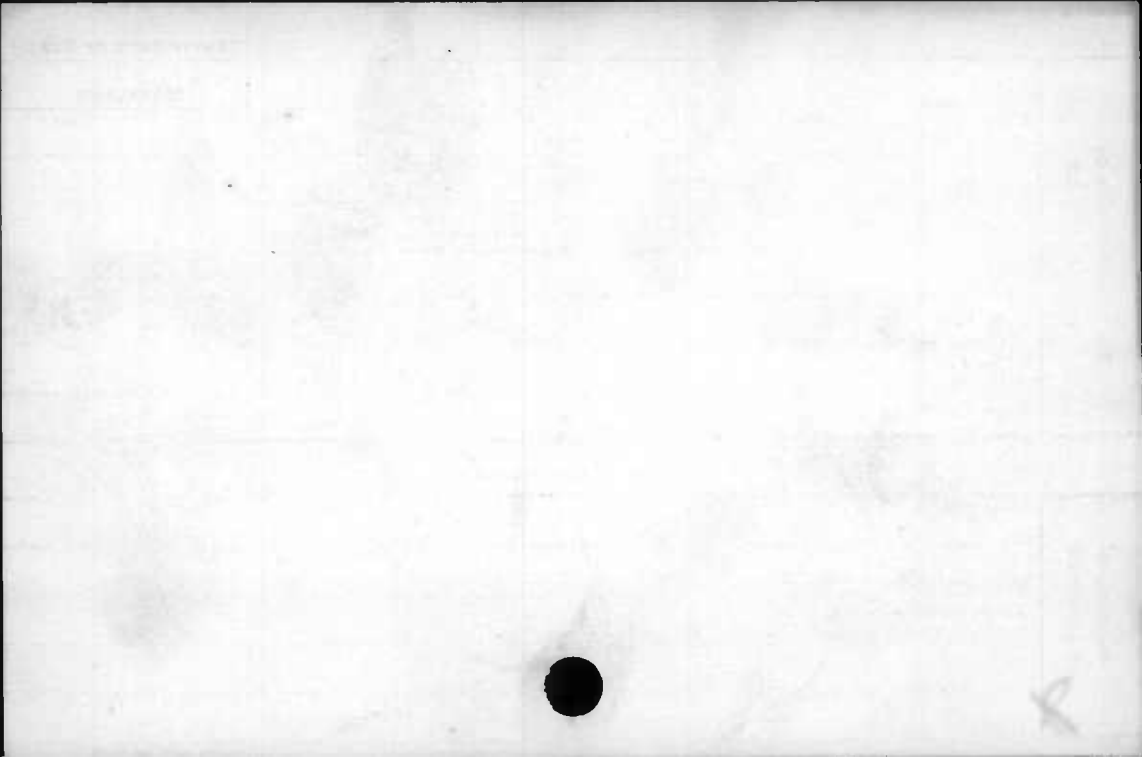
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Dr. Offner

Curtis W. W. W.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Alonza Thorpe</i>		Town <i>Greensburg</i>		County <i>West Maryland</i>		State <i>Pa</i> <del>MARYLAND</del>	
Died at		Date of death <i>1906</i>		Month <i>Nov.</i>		Day <i>29</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Years <i>21</i>		Months <i>1</i>	
Occupation <i>R.R. Brakeman</i>		Birth-place <i>Swanton Md</i>		Days <i>13</i>		Where Residing if not at place of death <i>Swanton Md</i>	
Married, Single or Widowed <i>single</i>		Name of Wife or Husband _____					
Father's Name <i>Samuel Thorpe</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Annie Barker</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>"</i>		How related to deceased <i>mother</i>		<i>"</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Perforation of bowelly pistol shot</i>		How long	
Immediate <i>Septicaemia</i>		How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. J. Hagenbaker M.D.</i>	
		Address <i>Swanton Md.</i>	
Accident or Suicide? <i>accident</i>			

